

## **FEBRUARY 2005 DUR BOARD MEETING MINUTES**

**Date:** February 16, 2005

**Members Present:** Eichler, Fitzgerald, Bradley, Brown, Crichton, Burton,

**Others Present:** Peterson, Preshinger, Citron (Medicaid), Barnhill, Wilkinson (Drug PA), Jeff Monaghan and Dawn Daly (First Health), Interested members of the public and representatives of pharmaceutical manufacturers.

Mark Eichler opened the meeting and addressed today's agenda. Before beginning the PDL program the Board will revisit the issue of PA criteria for the new drug Lunesta. The first item on the PDL program is continued from last month, the new drug Enablex. This month's PDL class discussion will follow the usual format of presentation of evidence, public comment, then board discussion.

**Board Minutes:** The minutes of the January meeting were reviewed with Mark asking the Board members to pay special attention to the PDL discussion results. The minutes were approved.

### **Department update:**

Dan Peterson, Pharmacy Program Officer for DPHHS updated the board on the following:

Provider notices on the Preferred Drug List (PDL) were sent out on 2/4/05. Roger Citron of the Department has been traveling around the state presenting provider training programs and making contact with providers.

Roger Citron, Pharmacist for DPHHS added the following:

So far he has completed 4 training programs and made 50 pharmacy visits. The training programs have been approved for 1 hour of pharmacy continuing education. Attendance has been approximately twenty providers at each meeting. Roger has seven more training programs scheduled around the state between now and the first week in March. The Department is sending out provider profiling for those providers who have patients on the medications in the first and second phase of the PDL. The contact person for the PDL is Roger. The Department is also making an effort to notify Medicaid recipients of the PDL changes. Several news releases have been made and the Department is sending out client newsletters.

The PDL information is posted on the Department web site, which is [www.mtmedicaid.org](http://www.mtmedicaid.org).

### **Board Meeting:**

Sherrill Brown of the University of Montana Drug Information Center, as well as a Board member, presented on Lunesta, Sonata, and Ambien. At the last meeting Sherrill was asked to check for new long term studies for Sonata and Ambien and the Board then decided to review the current PA criteria at this meeting. There are no long term studies available for Sonata. One study was found for Ambien, however Ambien packaging still only shows its indication as short term. Lunesta has long term studies underway, but due to lack of experience at this time with this drug the Board decided to leave the criteria for prior approval as it currently is: these agents are available to Medicaid patients after failure on two multi-source sleep aids. Medicaid only covers 15 doses per month. Patients with chronic insomnia are reviewed on a case by case basis.

### **Preferred Drug List Discussion:**

Enablex, a urinary antispasmodic, was too new last month to be included in review within the class. The Board heard public testimony, First Health review, and then discussed the placement of Enablex on the PDL. The Board determined Enablex would be considered a therapeutic equivalent to the other long acting urinary antispasmodics.

The following drug classes were considered and outcomes determined:

#### **OPHTHALMIC AGENTS USED IN TREATMENT OF GLAUCOMA**

**CARBONIC ANHYDRASE INHIBITORS:** Patients will **not be grandfathered** on current therapy

These agents were determined to be therapeutic alternatives.

**ALPHA-2AGONISTS:** Patients will **not be grandfathered** on current therapy

Must add: Brimonidine OR Alphagan OR Alphagan P

May add: Iopidine

**BETA-BLOCKERS:** Patients will **not be grandfathered** on current therapy

Must add: Timolol gel AND solution

May add: Any other agents

**PROSTAGLANDIN AGONISTS:** Patients will **not be grandfathered** on current therapy

These agents were determined to be therapeutic alternatives.

**SEROTONIN AGONISTS:** Patients will be **grandfathered** on current therapy

Must add: Imitrex injection, 1 nasal agent, AND a short acting agent

The short acting agents were determined to be therapeutic alternatives.

May add: Long acting agents may be added IN ADDITION TO a short acting agent.

The long acting agents were determined to be therapeutic alternatives.